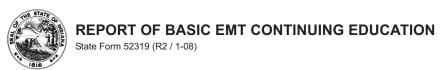
INSTRUCTIONS FOR REPORT OF BASIC EMT CONTINUING EDUCATION

Part of State Form 52319 (R2 / 1-08)

DEPARTMENT OF HOMELAND SECURITY

302 West Washington Street Indianapolis, IN 46204 Telephone: (317) 232-3980

- I. Certification as an emergency medical technician will be valid for a period of two years.
- II. To renew a certification, a certified emergency medical technician shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements to take and report forty (40) hours of continuing education according to the following:
 - A. Participate in a minimum of thirty-four (34) hours of any combination of lectures, critiques, skills proficiency examinations, continuing education courses, or teaching sessions that review subject matter presented in the Indiana basic emergency medical technician curriculum.
 - B. Participate in a minimum of six (6) hours of audit and review.
 - C. Participate in any update course as prescribed by the commission.
 - Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum.
- III. Notwithstanding any other provisions of 836 IAC 4-4-2, a person also certified as an emergency medical technician basic advanced, emergency medical technician intermediate, or paramedic under IC 16-31 may substitute the required continuing education credits for those of subsection II.
- IV. An individual who fails to comply with the continuing education requirements described in 836 IAC 4-4-2 shall not exercise any of the rights or privileges of an emergency medical technician and shall cease from providing the services authorized by an emergency medical technician certification as of the date of expiration of the current certification.
- V. An individual requiring a valid emergency medical technician card to work should submit their continuing education document at least thirty (30) days prior to the certificate's expiration date.
- VI. In applying for recertification, individuals agree to comply with all recertification requirements, rules, and standards of the Indiana Emergency Medical Services Commission. The individual bears the burden of demonstrating and maintaining compliance at all times. The Indiana Emergency Medical Services Commission considers the individual to be solely responsible for his/her certification.



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REGISTRANT INFORMATION								
			Indiana certification number			Driver's license / State identification number (required)		
Printed name (last, first, middle initial)			Provider affiliation					
Home address (number and street, city, state, and ZIP code)								
Home telephone number () Work telephone number ()				E-mail address				
Have you been trained in I	·		MS / ICS training: 200	□ 700 □ 8	300 🗆 C	other	Would you in a disaste	be willing to assist er?
			VIOLATION	STATEMENT				
Have you ever been charged or convicted of any crimes other than minor traffic violations? Yes No If yes, have you previously reported the details of this crime(s) to the Indiana Department of Homeland Security? Yes								
		SIGNATUR	E OF TRAINING OFFIC	ER AND PROVID	DER CEO (if affiliated)		
Signature of training office	er					Date (month, day, year)		
Printed name of training officer						Telephone number ()		
Signature of provider organization CEO						Date (month, day, year)		
Printed name of provider organization CEO						Telephone number ()		
			SIGNATURE OF	EMS REGISTRA	NT			
I, the undersigned basic emergency medical technician, hereby affirm, under the penalty for perjury, that all statements on this continuing education report are true and correct, including copies of cards, certificates, and other required documents for verification. I understand that false statements or documents may be sufficient cause for revocation by the State of Indiana Emergency Medical Services Commission. I also understand that the State of Indiana Emergency Medical Services Commission may conduct an audit of the recertification activities listed at any time.								
Signature of basic-advance	ed EMT					Date (month, day, year)		
CONTINUING EDUCATION HOURS Participate in a minimum of thirty-four (34) hours of any combination of lecture, critiques, skills proficiency examination, continuing education course, or teaching sessions that review subject matter presented in the Indiana basic emergency medical technician curriculum. Only original signatures will be accepted.								
DATE (month, day, year)		•	TOPIC		INST	RUCTOR SIGNAT	URE	NUMBER OF HOURS
(2 2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
						TOTAL HOL	JRS	

BASIC EMT AUDIT & REVIEW

List each program with the date, number of hours attended, and the signature of the instructor. A minimum of six (6) hours is required. Only original signatures will be accepted.

If a Basic EMT cannot afford audit and review sessions, additional hours may be added to the continuing education hours to make up for those six (6) hours.

DATE (month, day, year)	TOPIC OF REVIEW	INSTRUCTOR SIGNATURE	NUMBER OF HOURS		
	TOTAL HOURS				

SKILLS PROFICIENCY EVALUATION

Successfully complete proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum. Credit may be given for skills directly observed by the EMS Medical Director or his designee either at an in-service or in an actual clinical setting. Only original signatures will be accepted.

SKILLS	DATE OF EVALUATION (month, day, year)	EVALUATOR SIGNATURE
Cardiac Arrest Management / AED		
Bag Valve Mask / Combi-tube		
Apneic Patient Oxygen Administration		
Spinal Immobilization, Seated		
Spinal Immobilization, Supine		
Patient Assessment, Trauma		
Patient Assessment, Medical		
Long Bone Immobilization		
Joint Injury Immobilization		
Traction Splint Immobilization		
Bleeding and Shock Management		
Mouth to Mask with Supplemental Oxygen		
Airway, Oxygen, Ventilation		